DEST AVAILABLE COPY

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN   |  |   |                           |   |                      |                     |                     |                        |    |                     |                        |
|--|--|---|---------------------------|---|----------------------|---------------------|---------------------|------------------------|----|---------------------|------------------------|
| TOTAL OLABAG   |  |   | (Column 1)                |   | (Column 2)           |                     | TYPE [              | TYPE                   |    | OR SMALL ENTI       |                        |
| TOTAL CLAIMS   |  |   | LASSW MAN                 |   |                      |                     | RATE                | FEE                    | ]  | RATE                | FEE                    |
| FOR  |  |   | NUMBER FILED              |   | NUMBER EXTRA         |                     | BASIC FEE           | 355.00                 | OR | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 1 3 minus 20=             |   | *                    |                     | X\$ 9=              |                        | OR | X\$18=              |                        |
| INDEPENDENT CLAIMS   |  |   | 3 minus 3 =               |   | *                    |                     | X40=                |                        | OR | X80=                |                        |
| ML   | ILTIPLE DEPEN  | IDENT CLAIM P                             | RESENT                    |   |                      |                     | +135=               |                        | OR | +270=               |                        |
| * If   | the difference   | in column 1 is                            | less than zero, enter "0" |   |                      | olumn 2             | TOTAL               |                        | OR | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  |  |   |                           |   |                      |                     |                     |                        | •  | OTHER               | THAN                   |
| _  |  | (Column 1)                                | (Colum                    |   |                      | (Column 3)          |                     |                        | OR | SMALL               | ENTITY                 |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                           | HIGH<br>NUM<br>PREVIO<br>PAID           | BER<br>DUSLY         | PRESENT<br>EXTRA    | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                     | **                                      |                      | =                   | X\$ 9=              | i                      | OR | X\$18=              |                        |
|  | Independent  | *<br>NTATION OF MI                        | Minus                     | ***                                     | CLAIM                | =                   | X40=                |                        | OR | X80=                |                        |
|  | FINOT PRESE  | NIATION OF MI                             | JEHPLE DEF                | ENDEN                                   | CLAIIVI              |                     | +135=               |                        | OR | +270=               |                        |
|  |  |   |                           |   |                      |                     | TOTAL<br>ADDIT. FEE | ·                      | OR | TOTAL<br>ADDIT. FEE |                        |
|  |  | (Column 3)                                | ADDIT. FEE                |   |                      |                     |                     |                        |    |                     |                        |
| AMENDMENT B  | A STATE OF THE STA | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                           | (Colur<br>HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY | PRESENT<br>EXTRA    | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                     | **                                      |                      | =                   | X\$ 9=              |                        | OR | X\$18=              |                        |
|  | Independent  | *   | Minus                     | ***                                     |                      | =                   | X40=                |                        | OR | X80=                |                        |
|  | FIRST PRESE  | NTATION OF MU                             | DETIPLE DEP               | ENDENI                                  | CLAIM                |                     | +135=               | ,                      | OR | +270=               |                        |
|  |  |   | TOTAL<br>ADDIT. FEE       |   | OR                   | TOTAL<br>ADDIT. FEE |                     |                        |    |                     |                        |
|  |  | (Column 3)                                | ADDIT: I CE               |   |                      | ADDI1. 1 ÇE         |                     |                        |    |                     |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                           | HIGH<br>NUM<br>PREVIO<br>PAID           | BER<br>DUSLY         | PRESENT<br>EXTRA    | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                     | **                                      |                      | =                   | X\$ 9=              |                        | OR | X\$18=              |                        |
|  | Independent  | ALTATION OF M                             | Minus                     | ***                                     | F OL A INA           | =                   | X40=                |                        | OR | X80=                |                        |
| <u> </u>   | LINO I PHESE   | NTATION OF MI                             | JUIPLE DEF                | CNUEN                                   | CLAIM                |                     | +135=               |                        | OR | +270=               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                           |   |                      |                     |                     |                        |    |                     |                        |